

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.		FILING DATE	
								09/895,217			
								APPLICANT(S)			
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*	*	*	*
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1		1		51					
2	1		1		1	52					
3	1	1		1		53					
4	1		1		1	54					
5			1		1	55					
6	1		1		1	56					
7			1		1	57					
8						58					
9			1		1	59					
10	1		1		1	60					
11	X		1		1	61					
12		1		1		62					
13	40	1		1	1	63					
14	1		1		1	64					
15	1		1		1	65					
16	1		1		1	66					
17	1		1		1	67					
18	1		1		1	68					
19			1		1	69					
20			1		1	70					
21			1		X	71					
22			1		1	72					
23			1		1	73					
24			1		1	74					
25					1	75					
26					1	76					
27					1	77					
28					1	78					
29					1	79					
30					1	80					
31					1	81					
32					1	82					
33					1	83					
34					1	84					
35					1	85					
36					1	86					
37					1	87					
38					1	88					
39					1	89					
40					1	90					
41					1	91					
42					1	92					
43					1	93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.	2		3		3						
TOTAL DEP.	15		20		37						
TOTAL CLAIMS	17		23		36						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS